

CSHCS ALERT #11-2016 - New Prior Authorization Form Required
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Effective July 1, 2016, Medicaid established a prior authorization (PA) form to be submitted by physicians for a more complete and uniform method of receiving the required information. The new form (see attachment) is titled 'Practitioner Special Services Approval-Request/Authorization MSA-6544-B.' The form is to be used for practitioner services that require prior authorization, including requests for out of state care. The new PA form is required for CSHCS clients, including those with fee for service Medicaid. The form does not apply to Medicaid Health Plan members.

The new PA form is located on the Links for Local Health Departments content page, under the FORMS header-MEDICAID Forms that can be downloaded. In addition, CSHCS is working with MSA to make this form available in Appendix D: CSHCS and MDHHS forms.

Submission must be sent to the Program Review Division (PRD) by providers along with supportive medical documentation. Information regarding the RENDERING physician should be entered in Boxes 3 through 7. See the note in Box 31 regarding documentation required for out of state requests.

CSHCS has removed the CSHCS Request for Prior Authorization of "Out of State Services" form typically used by the LHDs and previously located on the Links for Local Health Departments content page. The CSHCS Out of State Services form is obsolete and any remaining copies need to be destroyed.

Questions about the form itself should be directed to PRD. Other questions can be directed to Lori Simon simonL6@michigan.gov or 517.241-8862. Thanks everybody.

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